

Effective October 1, 2000

Application or Docket Number

09768947

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
тс	TAL CLAIMS		(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	
			73					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			45 minus 20=		* 5	ک		X\$ 9=		OR	X\$18=	450 v
INDEPENDENT CLAIMS			18 minus 3 = 1		1_	S		X40=		OR	X80=	1200.0
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	2360	
CLAIMS AS AMENDED - PART II											OTHER	
_	SALTE E STAN A	(Column 1)	San San March Coll. M. S.	(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=		X40=		OR	X80=	
L	THOTTHEOL	INTATION OF IM	JETH EE DEI	LINDLIN	OLANI		' [+135=		OR	+270=	
•								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		IDDII. FEE	·	• ,	AUDIT. FEET	
AMENDMENT B		CLAIMS		HIGH	EST] г		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT	a series	NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	TATION OF MU	Minus	***]=		X40=		OR	X80=	
	FINST FRESE	INTATION OF IVI	JLTIPLE DEP	ENDEN	CLAIM		┛	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		ļ	ADDIT. FEE	
	2.57	(Column 1) CLAIMS		HIGH		(Column 3)	1 -	· · ·		1 1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽┞	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
٠,	f the entry in colu	mn 1 is less than th	ne entry in colu	mn 2, write	"0" in col	lumn 3.	L	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												